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Date: September 18, 2000

No. of Pages (including cover): 6

To: Ms. Paulette Kidwell
PCT

Fax Number: 703-305-3230

**United States Patent & Trademark
Office**

Contact Number: 703-305-3656

From: Frances B. Cutajar, Sr. Legal Assistant **Reference No.:** 1103326-0633

Re: U.S. Application Serial No. 09/622,745 (National Phase of PCT/Se00/00878)

PLEASE NOTE: The information contained in this facsimile message is privileged and confidential, and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, or if any problems occur with transmission, please contact sender or call (212) 819-7583. Thank you.

Dear Ms. Kidwell:

Further to your telephone request this afternoon, attached is a copy of the PCT/RO/101 Request form. Also attached is a copy of the USPTO return postcard indicating that a copy was forwarded with the national application filing papers.

Thank you.

Sincerely,

Frances B. Cutajar
Frances B. Cutajar
Senior Legal Assistant

Attachments

cc: John M. Genova, Esq.

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) H 2174-1 WO

Box No. I TITLE OF INVENTION

NEW METHODS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

AstraZeneca AB
S-151 85 Södertälje
Sweden

This person is also inventor.

Telephone No.
+46 8 553 260 00

Faximile No.
+46 8 553 288 20

Teleprinter No.

State (that is, country) of nationality:
SE

State (that is, country) of residence:
SE

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

EKSTRAND, Jonas
AstraZeneca R&D Umeå
Tvistevägen 48
S-907 36 Umeå¹
Sweden

This person is:

applicant only

applicant and inventor

inventor only (if this check-box is marked, do not fill in below)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Global Intellectual Property, Patents
AstraZeneca AB
S-151 85 Södertälje
Sweden

Telephone No.

+46 8 553 260 00

Faximile No.

+46 8 553 288 20

Teleprinter No.

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (July 1998; reprint January 2000)

See Notes to the request form

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

EDLUND, Anders
AstraZeneca R&D Umeå¹
Tvistevägen 48
S-907 36 Umeå¹
Sweden

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
SEState (that is, country) of residence:
SE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

JOHANSSON, Thore
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S-907 36 Umeå¹
Sweden

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
SEState (that is, country) of residence:
SE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LEONARDSSON, Göran
AstraZeneca R&D Mölndal
S-431 83 Mölndal
Sweden

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
SEState (that is, country) of residence:
SE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes: at least one must be marked).

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line)

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> LR Liberia
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<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> LT Lithuania
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<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> MA Morocco
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<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> MN Mongolia
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> MW Malawi
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> MX Mexico
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<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> SI Slovenia
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> GH Ghana	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> GM Gambia	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
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<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> US United States of America
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 06 May 1999 (06.05.1999)	9901659-4	Sweden (SE)		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA / SE	Date (day/month/year)	Number	Country (or regional Office)
	27 December 1999	SE99/00556	Sweden (SE)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:	This international application is accompanied by the item(s) marked below:
request : 4	1. <input checked="" type="checkbox"/> fee calculation sheet
description (excluding sequence listing part) : 26	2. <input type="checkbox"/> separate signed power of attorney
claims : 5	3. <input checked="" type="checkbox"/> copy of general power of attorney, reference number, if any: GF1169/2000
abstract : 1	4. <input type="checkbox"/> statement explaining lack of signature
drawings : 6	5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):
sequence listing part of description : 4	6. <input type="checkbox"/> translation of international application into (language):
Total number of sheets : 46	7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material
	8. <input checked="" type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form
	9. <input checked="" type="checkbox"/> other (specify): ITS Report SE99/00556

Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Södertälje, 4 May 2000

Sten Danielsson
Global Intellectual Property, Patents, AstraZeneca AB

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

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Date of receipt of the record copy
by the International Bureau

See Notes to the request form

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Assistant Commissioner for Patents
Box PCT
Washington, D.C. 20231

09/622745

Date 08/22/00

Art. Docket 1103326-0633

Serial No. TBA

Sir:

Kindly acknowledge receipt of the accompanying
Specification and Claims 31 532 REC'D PCT/PTC 22 AUG 2000
and Declaration and Power of Attorney Executed Not Executed
 6 Sheets of 1 formal information drawings
 Check for \$ 1464 (filing fee)
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 Assignment and Check for \$ 40 + Petition Case 5262
 Request 37 CFR 1.53c 1.53d 1.53b
 Petition under 37 CFR 1.136 and Check \$ _____
 Other (specify) Disks containing computer readable listing
by placing your receiving date stamp hereon and mailing or returning to deliverer.

- New Appln.
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37 CFR 1.8
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Atty Menon Due Date 1/1/01
copy of PCT/1801/01 Request